## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

AUGA 22000007

| CLAIMS AS FILED - PART I                                                                                                                                                                                                                                                                                                                                                                                   |          |                     |                                             |                                         |                      |                                 |                  |      | MALL EN         | TITY                   | OTHER    | THAN       |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------|---------------------------------------------|-----------------------------------------|----------------------|---------------------------------|------------------|------|-----------------|------------------------|----------|------------|------------------------|
| CLAIMS A                                                                                                                                                                                                                                                                                                                                                                                                   |          |                     |                                             | (Column                                 |                      | (Column 2)                      |                  | _    | TYPE            |                        | OR       | ·          |                        |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                               |          |                     | 19                                          |                                         |                      |                                 | ſ                | RATE | FEE             |                        | RATE     | FEE        |                        |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                        |          |                     |                                             | NUMBER FILED                            |                      | NUMBER EXTRA                    |                  |      | BASIC FEE       | 370.00                 | OR       | BASIC FEE  | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                    |          |                     |                                             | /9 minus 20=                            |                      | *                               |                  |      | X\$ 9=          |                        | OR       | X\$18=     |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                         |          |                     |                                             | 3 mir                                   | nus 3 =              | *                               |                  | Ì    | X42=            |                        | OR       | X84=       |                        |
| MULTIPLE DEPENDENT CLAIM P                                                                                                                                                                                                                                                                                                                                                                                 |          |                     |                                             |                                         |                      | <b>——</b>                       |                  |      |                 |                        |          | +280=      |                        |
| L                                                                                                                                                                                                                                                                                                                                                                                                          |          | - diff              | a column 1 is                               | less than zero, enter "0" in column 2   |                      |                                 | olumn 2          |      | +140=           | 272                    | OR       |            |                        |
| *                                                                                                                                                                                                                                                                                                                                                                                                          | it th    |                     |                                             |                                         |                      |                                 |                  |      | TOTAL           | 310                    | OR       | OTHER      | THAN                   |
| CLAIMS AS A<br>(Column 1)                                                                                                                                                                                                                                                                                                                                                                                  |          |                     |                                             | AMENDED - PART II (Column 2) (Column 3) |                      |                                 |                  |      | SMALL ENTITY OR |                        |          | SMALL      |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                |          |                     | CLAIMS REMAINING AFTER AMENDMENT            |                                         | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA | -    | RATE            | ADDI-<br>TIONAL<br>FEE |          | RATE       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                            | -        | Total 1             | * 19                                        | Minus                                   |                      | 20                              | =                |      | X\$ 9=          |                        | OR       | X\$18=     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |          | ndependent          | * 3                                         | Minus                                   | ***                  | 3                               | =                |      | X42=            |                        | OR       | X84=       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |          | FIRST PRESEN        | NTATION OF M                                | IULTIPLE DEI                            | PENDEN               | IT CLAIM                        |                  |      | +140=           |                        | OR       | +280=      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |          |                     |                                             |                                         |                      |                                 |                  |      | TOTAL           |                        | OR       | TOTAL      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |          |                     |                                             |                                         |                      | 0)                              | (Column 3)       |      | ADDIT. FEE      |                        | 10.,     | ADDIT. FEE | <u> </u>               |
| AMENDARITE                                                                                                                                                                                                                                                                                                                                                                                                 |          |                     | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                                         | HIG<br>NU<br>PREV    | umn 2) SHEST MBER VIOUSLY D FOR | PRESENT<br>EXTRA |      | RATE            | ADDI-<br>TIONAL<br>FEE |          | RATE       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Z Z      | Total               | * 22                                        | Minus                                   | **                   | 20                              | = 2              |      | X\$ 9=          | 18,                    | OR       | X\$18=     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | MEN      | Independent         | * 3                                         | Minus                                   | ***                  | 3                               | = -              |      | X42=            |                        | OR       | X84=       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | ٩        | FIRST PRESE         | NTATION OF N                                | NULTIPLE DE                             | PENDE                | NT CLAIM                        |                  | _    | +140=           |                        | OR       | +280=      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |          |                     |                                             |                                         |                      |                                 |                  |      | TOTAL           | 18.                    | OR       | TOTAL      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |          |                     | <b></b>                                     |                                         | /O=1                 | ump 2\                          | (Column 3)       | ١    | ADDIT. FEE      |                        | <b>.</b> | ADDIT. FEE |                        |
| J٢                                                                                                                                                                                                                                                                                                                                                                                                         | ပ        |                     | (Column 1)<br>CLAIMS<br>REMAINING           |                                         | HIC                  | umn 2)<br>GHEST<br>JMBER        | PRESENT          | 1    | DATE            | ADDI-<br>TIONAL        | ]        | RATE       | ADDI-<br>TIONAL        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | EN       |                     | AFTER<br>AMENDMENT                          |                                         |                      | VIOUSLY<br>ID FOR               | EXTRA            |      | RATE            | FEE                    |          | HAIE       | FEE                    |
|                                                                                                                                                                                                                                                                                                                                                                                                            | <b>X</b> | Total               | *                                           | Minus                                   | **                   |                                 | =                |      | X\$ 9=          | 1                      | OR       | X\$18=     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | ME       | Independent         | *                                           | Minus                                   | ***                  |                                 | -                | 4    | X42=            |                        | OR       | X84=       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | <u> </u> | FIRST PRESE         | NTATION OF                                  | MULTIPLE DE                             | PENDE                | NT CLAIM                        |                  | L    | +140=           |                        | OR       | +280=      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | *        | f the entry in colu | ımn 1 is less thar                          | the entry in co                         | olumn 2, w           | rite "0" in co                  | olumn 3.         | - "  | TOTAL           |                        | 4        | TOTAL      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |          |                     |                                             |                                         |                      |                                 |                  |      |                 |                        |          | <u> </u>   |                        |